

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME **Morton International, Inc.**
 ADDRESS **4800 State Route 12**
Elma, WA 98541
 COUNTY **Grays Harbor**
 FACILITY **Morton International Inc.**
 LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ST 5037
PERMIT NUMBER

001
DISCHARGE NUMBER

Submit Monthly

NOTE: Read instructions before completing this form.

FROM

TO

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
		01			
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS				
Flow	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	32,000	44,000	gpd					0	Continuous	Metered	
pH*	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6		9	s.u.	0	Continuous	Metered	
COD	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	400	400	Lbs/day					0	01/30	Composite	
COD	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					Report	Report	mg/L	n/a	01/30	Composite	
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	n/a	31	Lbs/day					0	01/30	Composite	
TSS	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					Report	Report	mg/L	n/a	01/30	Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE			
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Excursions between 5.0 and 6.0, or 9.0 and 10.0 shall not be considered violations provided no single excursion exceeds 60 minutes in length and total excursions do not exceed seven hours and 30 minutes per month. Any excursions below 5.0 and above 10.0 are violations. The instantaneous maximum and minimum pH shall be reported monthly. Please provide an explanation if the pH reported is outside the range of 6.0 to 9.0 and meets these conditions.

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY			
O & G	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	53	53	Lbs/day				0	01/30	Grab
O & G	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					Report	Report	mg/L	n/a	01/30
Boron	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					Report	Report	mg/L	n/a	01/30
Production	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Report	Report	Lbs/day				n/a	01/30	Records
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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